

Please type a plus sign (+) inside this box →

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/625,436	
Filing Date	July 23, 2003	
First Named Inventor	Mark. R. Andersen	
Group Art Unit		
Examiner Name	To Be Assigned	
Total Number of Pages in This Submission	Attorney Docket Number	5010-038-01

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition For Extension of Time	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input checked="" type="checkbox"/> Acknowledgement Postcard
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Change of Correspondence Address	Form PTO-1449 (1 page)
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> After Allowance Communication to Group	
Remarks		

Customer No. 35411

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Leonard D. Bowersox
Signature	
Date	September 5, 2003

CERTIFICATE OF MAILING

Date: September 5, 2003 Label No. EV 348584471 US

I hereby certify that, on the date indicated above, I deposited this paper with identified attachments and/or fee with the U.S. Postal Service and that it was addressed for delivery to Mail Stop DD, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, by "Express Mail Post Office to Addressee" service.

Type or printed name	Sandra Stocklinski
Signature	
Date	September 5, 2003

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which his to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing the burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS: SEND TO: Commissioner for Patents, Washington, D.C. 20231.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.